

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 26858

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1					
10	1					
11		1		1		
12		1		1		
13	1					
14		1		1		
15		2		2		
16		2		2		
17	1					
18		1		1		
19		1		1		
20	1					
21		1		1		
22		2		2		
23	1					
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49						
50						
TOTAL IND.	7		1			
TOTAL DEP.	22		18			
TOTAL CLAIMS	29		19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						